

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2002 8:00 am**  
**Secretary of State**

04-12-2002 90002 024 \*\*\*150.00

**DOCUMENT # 835989 -**

1. Entity Name  
**JACKSON MARINE SALES, INC.**

Principal Place of Business  
**230 RIVERSIDE DR.  
 NORTH EAST MD 21901**

Mailing Address  
**230 RIVERSIDE DR.  
 NORTH EAST MD 21901**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**P.O. Box 483**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**North East MD**

Zip

Country

Zip

Country

**21901**

**USA**

4. FEI Number

**23-1494312**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JACKSON, WILLIAM F.  
 2400 S.E. 13TH ST.  
 POMPANO BEACH FL 33062**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                            |  |
|----------------|----------------------------|--|
| TITLE          | <b>P</b>                   | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>JACKSON, WILLIAM B.</b> |  |
| STREET ADDRESS | <b>2421 NE 36TH ST.</b>    |  |
| CITY-ST-ZIP    | <b>LIGHTHOUSE PT FL</b>    |  |
| TITLE          | <b>ST</b>                  | <input type="checkbox"/> Delete            |
| NAME           | <b>JACKSON, WOODLAN T.</b> |  |
| STREET ADDRESS | <b>275 RIVERSIDE DR</b>    |  |
| CITY-ST-ZIP    | <b>NORTHEAST MD</b>        |  |
| TITLE          | <b>V</b>                   | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>JACKSON, JEAN M.</b>    |  |
| STREET ADDRESS | <b>2421 NE 36TH ST.</b>    |  |
| CITY-ST-ZIP    | <b>LIGHTHOUSE PT FL</b>    |  |
| TITLE          |                            | <input type="checkbox"/> Delete            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |
| TITLE          |                            | <input type="checkbox"/> Delete            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |
| TITLE          |                            | <input type="checkbox"/> Delete            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |

|                |                                  |  |
|----------------|----------------------------------|--|
| TITLE          |                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                  |  |
| STREET ADDRESS |                                  |  |
| CITY-ST-ZIP    |                                  |  |
| TITLE          | <b>P</b>                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                  |  |
| STREET ADDRESS |                                  |  |
| CITY-ST-ZIP    |                                  |  |
| TITLE          |                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                  |  |
| STREET ADDRESS |                                  |  |
| CITY-ST-ZIP    |                                  |  |
| TITLE          |                                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>PATRICIA A. JACKSON</b>       |  |
| STREET ADDRESS | <b>3861 NE 22ND WAY</b>          |  |
| CITY-ST-ZIP    | <b>LIGHTHOUSE POINT FL 33064</b> |  |
| TITLE          | <b>S</b>                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>DONNA McCLYNN</b>             |  |
| STREET ADDRESS | <b>1060 RENMAR DRIVE</b>         |  |
| CITY-ST-ZIP    | <b>PLANTATION FL 33317</b>       |  |
| TITLE          | <b>T</b>                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | <b>William F. Jackson</b>        |  |
| STREET ADDRESS | <b>2400 SE 13TH STREET</b>       |  |
| CITY-ST-ZIP    | <b>POMPANO BEACH FL 33062</b>    |  |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/3/02**

CR2E034 (9/01)